



**Iowa's Health Improvement Plan 2012-2016**  
**2015 Revisions**

*Acute Disease*

# Acute Disease

## What Critical Needs Are Included

Immunization and Infectious Disease  
Outbreak Management and Surge Capacity

## Measures of Progress

**2-1 An increase in the annual influenza coverage levels for all Iowa hospital employees.**

Target: 95%.

Baseline: 92% (2010-2011).

Most Recent Data: 90% (2013-2014).

Data Source: [Iowa Healthcare Collaborative Report](#).

**2-2 An increase in the immunization coverage for all universally recommended vaccines for the following populations:**

**Children 19-35 months of age.**

Target: 90%.

Baseline: 77% coverage of 4:3:1:3:3:1:4<sup>1</sup> series (2009).

Most Recent Data: 82% (2013).

Data Source: [CDC National Immunization Survey](#).



<sup>1</sup> For children aged 19-35 months and referring to the recommended doses of: diphtheria/tetanus/pertussis-containing vaccine (4), polio (3); measles/mumps/rubella-containing vaccine (1); plus  $\geq 2$  or  $\geq 3$  doses of haemophilus influenza type b (Hib) vaccine depending on brand type (primary series only)(3), 3+ doses of hepatitis B vaccine (3), 1+ doses of varicella vaccine (1), and 4+ doses of pneumococcal conjugate vaccine (4).

**Adolescents.**

Target: 90%.

Baseline: 71% coverage for 1 dose of Tdap; 46% coverage for MCV; 42% female coverage for HPV; no baseline for male coverage for HPV (2009)<sup>2</sup>.

Most Recent Data: 80% coverage for 1 dose of Tdap; 64% coverage for MCV; 42% female coverage for HPV; 14% male coverage for HPV (2013).

Data Source: [CDC National Immunization Survey](#).

**All adults.**

Target: 90%.

Baseline: 47% received an influenza immunization in the last 12 months; 31% had ever received a pneumonia vaccination (2011).

Most Recent Data: 46% received an influenza immunization in the last 12 months; 34% had ever received a pneumonia vaccination (2013).

Data Source: [Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System](#), p. 69.

**Adults age 65 and over.**

Target: 90%.

Baseline: 70% received an influenza immunization in the last 12 months; 71% had ever received a pneumonia vaccination (2011).

Most Recent Data: 67% received an influenza immunization in the last 12 months; 73% had ever received a pneumonia vaccination (2013).

Data Source: [Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System](#), p. 69.

## What Our State Is Doing to Improve (by 2016 unless otherwise indicated)

Immunization and Infectious Disease		Lead Organizations
2-1.1	Work with health care providers to reduce by 50% indigenous <sup>3</sup> cases of vaccine-preventable diseases.	Iowa Department of Public Health; Iowa Immunization Coalition

<sup>2</sup> Tdap = tetanus/ diphtheria/pertussis-containing vaccine; MCV = meningococcal conjugate vaccine; HPV = human papillomavirus vaccine.

2-1.2	Increase the use of the Iowa Health Information Network <sup>4</sup> to report disease records. <i>(Revised from original 2-1.2)</i>	Iowa e-Health Executive Committee and Advisory Council
2-1.3	Continue to annually measure the influenza vaccination coverage of hospital employees.	Iowa Healthcare Collaborative
2-1.4	Align efforts to promote antibiotic stewardship in the hospital setting as well as in long-term care facilities. <i>(Revised from original 2-1.5)</i>	Iowa Antibiotic Resistance Task Force Iowa Department of Public Health
2-1.5	Develop the capacity to detect and confirm novel anti-microbial resistance <sup>5</sup> mechanisms to prevent transmission of difficult-to-treat pathogens.	State Hygienic Laboratory at U of Iowa
<b>Outbreak Management and Surge Capacity</b>		<b>Lead Organizations</b>
2-1.6	Improve the food-borne outbreak reporting system.	Iowa Department of Public Health
2-1.7	By 2015, provide training on food-borne outbreak responses that reach all city and county health departments.	Iowa Department of Public Health
2-1.8	By 2015, increase the use of an after-action review process to evaluate 100% of foodborne outbreak investigations. <i>(Revised from 2014 objective 2-1.8)</i>	Iowa Department of Public Health

## Other Plans Relating to Acute Disease

### [Iowa Cancer Plan](#)

<sup>3</sup> Indigenous diseases are diseases that occur in the United States and are not brought in from other countries.

<sup>4</sup> The Iowa Health Information Network is a system that allows electronic health record data to be securely shared among health care providers.

<sup>5</sup> Anti-microbial resistance results from the misuse of antibiotics and occurs when microbes develop ways to survive the use of medicines meant to kill or weaken them.